

# Massachusetts Environmental Police

## Boating & R.V. Safety Bureau

1019 Rte. 132, 2<sup>nd</sup> Floor

Hyannis, MA 02601

(617) 727-8760

### BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 5 days. Reports must be submitted to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (indicate those not applicable by "NA")					
NAME AND ADDRESS OF OPERATOR		AGE OF OPERATOR  DATE OF BIRTH		OPERATOR'S EXPERIENCE	
				This type of boat <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours	Other Boat Operating Exp. <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours
OPERATOR TELEPHONE NUMBER		OWNER TELEPHONE NO.		FORMAL INSTRUCTION BOATING SAFETY <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> STATE <input type="checkbox"/> U.S. POWER SQUADRONS <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> OTHER (Specify) _____	
NAME AND ADDRESS OF OWNER		RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PERSONS ON BOARD _____		
VESSEL NO. 1 (this vessel)					
BOAT REGISTRATION NO.		BOAT NAME	BOAT MAKE	BOAT MODEL	MFR HULL IDENTIFICATION NO
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (Specify) _____		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Other (Specify) _____	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify) _____	PROPULSION No. of engines _____ Horsepower (total) _____ Type of Fuel _____  Has boat had a Safety Examination? <input type="checkbox"/> YES <input type="checkbox"/> NO For current year? <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate whether <input type="checkbox"/> USCG AUX. Courtesy Marine Exam <input type="checkbox"/> State/Local <input type="checkbox"/> Other	CONSTRUCTION Length _____ Year built (boat) _____
ACCIDENT DATA					
DATE OF ACCIDENT		TIME AM PM	NAME OF BODY OF WATER		LOCATION (Give location precisely) Lat: _____ Long: _____
STATE	NEAREST CITY OR TOWN			COUNTY	
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		WATER CONDITIONS <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current		TEMPERATURE (Estimate) Air _____ F Water _____ F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-6mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (Over 25 mph)
OPERATION AT TIME OF ACCIDENT (Check all that apply)		TYPE OF ACCIDENT		WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT (check all that apply)	
<input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Being Towed <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other than Fuel) <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention	
PERSONAL FLOTATION DEVICES (PFD'S)				PROPERTY DAMAGE	FIRE EXTINGUISHERS
Was the boat adequately equipped with C.G. Approved Flotation Devices? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they serviceable? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they used by survivors? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type? <input type="checkbox"/> I, <input type="checkbox"/> II, <input type="checkbox"/> III, <input type="checkbox"/> IV, <input type="checkbox"/> V Were PFD's properly Used? <input type="checkbox"/> YES <input type="checkbox"/> NO Adjusted? <input type="checkbox"/> YES <input type="checkbox"/> NO Sized? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was the vessel carrying NON approved flotation devices? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they used? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, indicate kind (specify) _____ Include any comments on PFD's under Accident Description on other side of form		Est. Amount This Boat \$ _____ Other Boat \$ _____ Other Property \$ _____ DESCRIBE PROPERTY DAMAGE	Were they used? (If yes, list Types and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Types: _____
				NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY	

If more than 3 fatalities and/or injuries, attach additional forms					
<b>DECEASED</b>					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO  What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO  What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO  What Type?
<b>INJURED</b>					
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ACCIDENT DESCRIPTION</b>					
DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's)					
<b>VESSEL NO. 2 (if more than 2 vessels, attach additional forms)</b>					
NAME OF OPERATOR	OPERATOR ADDRESS		BOAT NUMBER		
TELEPHONE NUMBER			BOAT NAME		
NAME OF OWNER	OWNER ADDRESS				
<b>WITNESSES</b>					
NAME	ADDRESS			TELEPHONE NUMBER	
NAME	ADDRESS			TELEPHONE NUMBER	
NAME	ADDRESS			TELEPHONE NUMBER	
<b>PERSON COMPLETING REPORT</b>					
SIGNATURE	ADDRESS		TELEPHONE NUMBER		
QUALIFICATION (Check one) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other			DATE SUBMITTED		
<b>(Do Not Use) – FOR REPORTING AUTHORITY REVIEW (Use Agency date stamp)</b>					
CAUSES BASED ON (check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		NAME OF REVIEWING OFFICE		DATE RECEIVED	
PRIMARY CAUSE OF ACCIDENT		SECONDARY CAUSE OF ACCIDENT		REVIEWED BY	